## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortnam

Secretary of State DIVISION OF CORPORATIONS

1996

P93000038558 (1)

**DOCUMENT #** 

BEACH FRONT MOTEL, INC.

Mailing Address Principal Place of Business 1544 S OCEANSHORE BLVD

1544 S OCEANSHORE BLVD FLGLER BEACH FL



| FLGLER BEAC   | CH FL                          | FLGLEH BEACH   | n FL            |  |                                  | 3. Date Incorporated or Qualified 05/28/1993  | 3a. Da                            | te of Last Report<br>04/24/1995<br>Applied For |
|---|--------------------------------|--|-----------------|--|----------------------------------|---|-----------------------------------|--|
| 2. Principal Place of Business Suite. Apt. #, etc. City & State |                                | 28. Mairing Address 26 Suite, Apt # etc. 27 City & State |                 |  | 4. FEJ Number<br>59-3195447      |   | Not Applicable                    |  |
|   |                                |  |                 |  | 5. Certificate of Status Desired |   | \$8.75 Additional<br>Fee Required |  |
|   |                                |  |                 |  | ,                                | Election Campaign Financing     Trust Fund Contribution   |                                   | \$5.00 May Be<br>Added to Fees                 |
| <b>Z</b> ip   | Country                        | <b>28</b> Zip  | 30              | untry  |                                  | <ol> <li>This corporation has liability for intangible tax under s 199.032.</li> <li>Florida Statutes ☐ Yes ☑ No</li> </ol> |                                   |  |
| 24  |                                | 29 Agant   | 1301            | Ţ  |                                  | 10. Name and Address of New   | Registere                         | d Agent  |
|   | 9. Name and Address of Cu      | rrent Hegistered Agent                                   |                 | 81   | Name                             |   |                                   |  |
| 1544 S  | ER, TERRY A<br>OCEANSHORE BLVD |  |                 | 10. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  83 |                                  |   |                                   |  |
| FLGLER  | BEACH FL                       | COO LOOZ LOO Florido                                     | Statutes the at | 84   | City<br>amed corpor              | ation submits this statement for the p  | Fourpose of                       | <b>-</b>                                       |

11. Pursuant to the provisions of Sections 607,0502 and 607,1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered offine or registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. Lam familiar with, and accept the obligations of, Section 607,0505, Florida Statutes.

|                 | grave injured to previous training of regulations also in an extra gravity and the training of the CT |            | 18 Festi and Agrad signal as re product | ADDITIONS/CHANGES TO CITIZE IS    |
|-----------------|---|------------|---|-----------------------------------|
| 2.              |   | DELETE     | 1 1 100F                                | Change Addition                   |
| TLE )           | D TERRY A   | <b>_</b>   | 1.2 NAME                                |                                   |
| AME             | WEBSTER, TERRY A  |            | 1.3 STREET ADDRESS                      |                                   |
| REET ADDRESS    | 1544 S OCEANSHORE BLVD  |            | 1.4 C(E) - ST ZIP                       |                                   |
| TY-ST-ZIP       | FLGLER BEACH FL   | DELETE     | 2 1 TilLE                               | Change Addition                   |
| TLE             |   | L) Section | 2.2 NAME                                |                                   |
| AME             |   |            | 2.3 STREET ADDRESS                      |                                   |
| TREET ADDRESS   |   |            | 2 4 CITY - ST - ZIP                     |                                   |
| CITY - ST - ZIP |   | T DELETE   | 3 1 1111.6                              | Change Addit                      |
| TLE             |   | L.J        | 3.2 NAME                                |                                   |
| IAME            |   |            | 3.3 STREET ADDRESS                      |                                   |
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| CITY - ST - ZIP |   | DELETE     | 4 1 HTLE                                |                                   |
| IIILE           |   | _          | 4.2 NAME                                | 200001788142<br>-04/22/9601022011 |
| NAME            |   |            | 4.3 STHEET ADDRESS                      | ***200.00                         |
| STREET ADDRESS  |   |            | 4.4 CHY ST-ZIP                          |                                   |
| City-ST-ZIP     |   | [] DELETE  | 5 1 WILE                                | Change Addi                       |
| TITLE           |   | _          | 5.2 NAME                                | ) 1                               |
| NAME            |   |            | 53 STHEET ADDRESS                       | 7 4.1                             |
| STREET ADDRESS  |   |            | 5.4 C(1Y - ST - Z)P                     | Change                            |
| CITY - ST - ZIP |   | ["] DELETE | 6 1 TITLE                               | Change Add                        |
| TITLE           |   | _          | 6.2 NAME                                |                                   |
| NAME            |   |            | 63 STREET ADDRESS                       |                                   |
| STREET ADDRESS  |   |            | 6.4 CITY+ST-ZIP                         |                                   |

14. DIY-SI-ZIP

14. Ido hereby certify that the information supplied with this filing is vocuntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under certify that I am an officer or direction of the corporation or the receiver or trusted empowered to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: TERRY A. WEASTER TEME WILLEST SIGNATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR PRINTED NAME OF SIGNIN